Date: [Date]

From:
[Referring Physician Name]
[Facility/Department]
[Contact Information]

To:
[Receiving Nephrologist/Physician Name]
[Facility/Department]
[Address]

RE: Transfer of Care for Chronic Kidney Disease (CKD)

Patient Name: [Patient Full Name]
Date of Birth: [DOB]
Medical Record Number: [MRN]

Dear [Receiving Physician Name],

I am writing to formally transfer the nephrology care of [Patient Name] to your practice effective [Date].

Current Diagnosis:
Chronic Kidney Disease, Stage [Stage, e.g., 3b, 4, 5], attributed to [Primary Cause, e.g., Diabetes, Hypertension, Polycystic Kidney Disease].

Clinical Summary:
The patient's baseline Creatinine is [Value] with a current eGFR of [Value]. Recent urinalysis shows [Proteinuria/Hematuria details]. Relevant comorbidities include [List comorbidities].

Current Medications:
[List relevant medications, especially ACEi/ARBs, SGLT2i, or diuretics]

Reason for Transfer:
[Reason, e.g., Patient relocation, progression to Stage 4, requirement for dialysis planning]

Recent Lab Results (Attached):
- Serum Creatinine / Electrolytes
- Hemoglobin A1c
- Urine Albumin-to-Creatinine Ratio (UACR)
- Renal Ultrasound results

Please find the patient's full medical records attached. I have advised the patient to contact your office to schedule their initial appointment. I will continue to manage the patient's primary care needs in coordination with your recommendations.

Sincerely,

[Signature]
[Printed Name]
[Credentials]